

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/018089</b>	FILING DATE <b>14 DEC 2001</b>		
						APPLICANT(S) <i>Zerche</i>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1		/					51		
2			/				52		
3			/				53		
4			/				54		
5			/				55		
6			/				56		
7			/				57		
8			/				58		
9			/				59		
10			/				60		
11			/				61		
12			/				62		
13			/				63		
14			/				64		
15			/				65		
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18			/				68		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			/				TOTAL IND.		
TOTAL DEP.			20				TOTAL DEP.		
TOTAL CLAIMS			21				TOTAL CLAIMS		